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PUBLIC NOTICE OF REVIEW

The Council on Accreditation of Nurse Anesthesia Educational Programs/Schools has been informed that the Council's review for recognition by the Council on Postsecondary Accreditation is scheduled for April 15, 1985 in Philadelphia, Pennsylvania. The deadline for receipt of third party comments or request to present oral testimony is February 15, 1985. Comments must be addressed specifically to the Council on Accreditation's compliance with COPA's "Provisions for Recognition." Both the Council on Accreditation's application and materials submitted by third parties will be available in the COPA office for public review until March 15, 1985. Third party comments or requests for appointment should be sent to:

William J. MacLeod
Vice President, COPA
One Dupont Circle
Washington, DC 20036
(202) 452-1433

AANA Journal Course

Test Yourself Answers

(Questions appeared on page 625.)

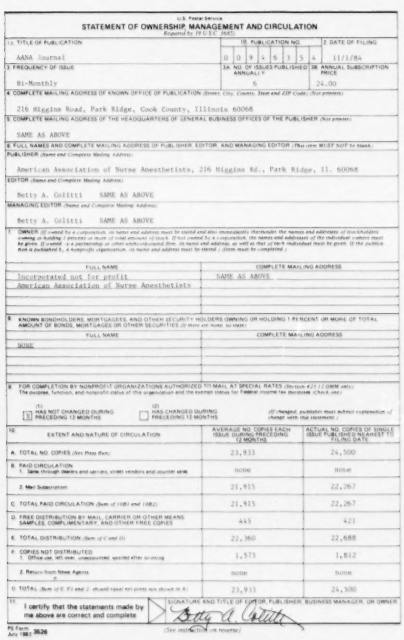
1. A neuroleptic technique is recommended for oral surgery procedures because it provides the ideal required actions of an anesthetic.

2. Some reasons for performing an awake nasal intubation on an oral surgery patient are: (a) it allows ease of placement; (b) it allows proper placement without danger of prolonged apnea; (c) it allows positioning of the patient without undue pressure points for both endotracheal tube and bony body prominences; and (d) it requires only one person to perform.

3. Minimal monitoring necessary for oral surgery includes: precordial stethoscope; blood pressure; ECG; and Foley® catheter.

4. The anesthetist can control the cuff of the endotracheal tube by running extension tubing from the pilot tube to the side of the patient.

5. The patient is ready to be extubated, either in the operating room or in the recovery room, when all oral reflexes are present and adequate air space has been determined.



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